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SERIAL NUMBER 09/767,207	FILING OR 371(c) DATE 01/22/2001 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. VINTL.087A
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*None* LCS

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/02/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>Laura Schell</i> LCS Examiner's Signature Initials				

**ADDRESS**

20995

**TITLE**

Medical device connector fitting

<b>FILING FEE RECEIVED</b> 853	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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